

APR 13 1940

No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16290

State File No. _____

Registration District No. 838

Primary Registration District No. 4509

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Dexter
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

8. (a) PRINT FULL NAME Patricia Ann Chancellor
3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 14 1934
(Month) (Day) (Year)

8. AGE: Years 5 Months 3 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Dexter Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Max E. Chancellor
13. Birthplace Dexter Mo.
14. Maiden name Anna Margaret Boatright
15. Birthplace Nevada Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Max E. Chancellor
(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 3/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland
(b) Address Dexter, Mo.

19. (a) 5/6 1940 (b) Jennie Benton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Dexter
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd
year 1940 hour 3 minute 30 a.m.

21. I hereby certify that I attended the deceased from Mar 4 1940 to Mar 22 1940
that I last saw her alive on Mar 22 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 18 days

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature George Schaefer (M. D. or other) _____
Address Dexter, Mo. Date signed 3-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 2

District File Number 540-102

Date Filed 5/10/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

J. E. Stuchlik

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. E. Stuchlik

Licensed Embalmer No. _____

3479

P. O. Address _____

State, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.